

lab! The result is a mental mismatch between what one can and what one cannot do, creating a fertile ground for constant stress at work. Earlier a clinical cardiologist was as much respected as an invasive cardiologist and perhaps even earned more. Cardiologists self stratified themselves into clinical and invasive cardiologists. There have been several brilliant cardiologists who happily rendered excellent cardiology care to their patients without feeling belittled.

With rare exception every young cardiologist of today who graduates labels himself or herself as interventional cardiologist.

There are pressures from within and the administration to achieve numbers. There is *premature* desire to perform procedures that some of their seniors or more capable peers are proficient in performing. Live case demonstration stimulates a desire to do something they ought not to do in their daily practice. Corporate culture in the hospitals forces young cardiologists to achieve certain targets unlikely to be achieved by everyone such compulsions and pressures did not exist then.

The worst is the role of industry that identifies certain doctors as “key opinion leaders” or KOLs. Some of them group them with different star ratings. Perks are in abundance for KOLs and those with higher star ratings. Meetings abroad, long waits at airports at unearthly hours, atherogenic diet at conferences might have a lot to contribute to their coronary risk profile.

These observations are made only with the aim of putting in perspective a collective thought process to ask:

- 1) Whether the threat of premature ACS is real?
- 2) If yes, then why?
- 3) Can we prevent it?

It may seem ironical that a word of advice for prevention should come from an interventional cardiologist who has

spent his life in the cath laboratory. But having witnessed repeated target vessel revascularisations, repeated procedures and morbid anatomy of coronary arteries, who else but an interventional cardiologist would be in a position to point out the *palliative*, but of course an *invaluable* modality of treatment for obstructive CAD. Prevention seems to be the only answer.

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Obituary

The Cardiological Society of India expresses its deep shock and grief at the sudden demise of Dr. P. Moulik, Kolkata. Dr. Moulik was a valuable and esteemed member of our society.

0019-4832/\$ – see front matter
<http://dx.doi.org/10.1016/j.ihj.2013.04.034>